

**South Carolina Workers' Compensation Commission**

1333 Main Street, Suite 500  
P.O. BOX 1715  
Columbia, SC 29202-1715  
(803) 737-5675  
www.wcc.sc.gov • Judicial@wcc.sc.gov



WCC File #: \_\_\_\_\_

Carrier File #: \_\_\_\_\_

Carrier Code #: \_\_\_\_\_

Employer FEIN #: \_\_\_\_\_

Claimant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: ( ) - \_\_\_\_\_ Work Phone: ( ) - \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_  
Preparer's Name: \_\_\_\_\_ Law Firm: \_\_\_\_\_ Preparer's Phone #: ( ) - \_\_\_\_\_

**By signing this document, I hereby certify the issue involved in the attached motion for relief does not go to the merits of the case, is such that immediate attention is necessary; and the issue is capable of speedy resolution by the Commission.**

**The attached motion for expedited adjudication is made pursuant to Regulation 67-215 and has been served on all parties pursuant to Regulation 67-210 and Regulation 67-211.**

- ☐ Death benefits are due and the employer/ carrier's investigation is complete and establishes no dispute exists as to the disposition of benefits. Investigative report must be attached including names, ages, and addresses of all death beneficiaries.
- ☐ The case is accepted and involves medical treatment recommended by an authorized treating physician for a specific body part or condition which is (a) accepted by the employer/carrier or (b) found compensable by previous Order of the Commission. Relevant Medical documentation and/or Order of the Commission attached.
- ☐ The case involves a request for a medical evaluation on change of condition pursuant to Regulation 67-602(C).
- ☐ The issue is determination of a lump sum payment under §42-9-301 and Regulation 67-1605. Form 24 attached.

This request is on behalf of the ☐ Claimant

☐ \$25 Filing Fee is attached (MUST be attached to this request)

☐ Carrier

\_\_\_\_\_  
Signature of Moving Party

\_\_\_\_\_  
Date (m/d/yyyy)

\_\_\_\_\_  
Email

This form and motion must be served on all parties and filed with the Judicial Department. A proof of service and filing fee must be attached.